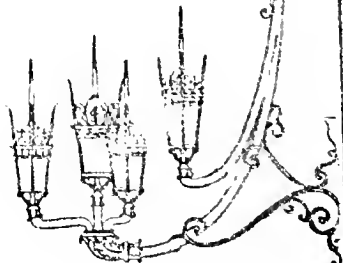


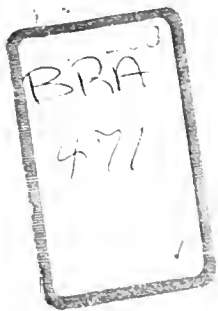
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PROPOSAL OUTLINE FOR A COMPREHENSIVE
EDUCATION, HEALTH, AND TELEVISION PROGRAM
FOR CHARLESTOWN
UNDER TITLE III OF ESEA
BY THE
JOHN F. KENNEDY FAMILY SERVICE CENTER, INC.

DECEMBER 14, 1966

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A. Phase I--July, 1967

1. DAY CARE CENTER

Objectives:

Pre-school experiences have been cited by Hunt and others as an antidote for cultural deprivation and social disadvantage. In the 1940's nursery schools received attention but the movement was not continued because of inadequate funds. Due to the recent emphasis on government-sponsored programs and the Renaissance of interest in the Montessori methodology, the nursery school program is becoming once more an integral stage in the education of the child.

Day-care centers are especially crucial in culturally disadvantaged areas such as Charlestown. Cultural deprivation has been defined as failure to provide opportunities for infants and young children to have those experiences required for adequate development of the semi-autonomous central processes essential for acquiring linguistic, qualitative, and analytical skills. A day-care center, structural around a semi-Montessori program would begin to provide the experiences essential to such cognitive development.

General:

To facilitate the development in all facets of growth of the pre-school child in a culturally disadvantaged population by

the establishment of a day-care center.

- a. To select a population of children between the chronological ages of 3.6 and 4.6 who meet one or more of the following criteria:
 - socio-economic level of \$3,000 or below
(adjusted for number in family)
 - member of large families
 - in need of remedial work in language and speech
 - mother employed whole or part time
 - nutritionally deficient
 - deviant in social, physical, or behavioral development;
- b. To provide a program of activities related to the developmental growth of the child: physically, socially, emotionally, and intellectually;
- c. To develop within the young child his self-image and his self-esteem within the context of the family, school, and community.

Specific:

- a. To develop a series of activities embracing both play and planned learning experiences;
- b. To identify the child with incipient physical and/or behavioral problems, e.g., social, emotional, cognitive, speech, hearing, vision, etc;

- c. To enrich the verbal competency of the child through first hand and vicarious experiences of story telling, dramatization, readiness activities, and field trip;
- d. To plan a semi-structured Montessori environment with the needed equipment and personnel for the development of beginning sensorial learnings;
- e. To set up a parent-education program embracing all areas of child growth and development which will be conducted by the day-care center staff;
- f. To develop methods of training personnel in all facets of an on-going day-care center program;
- g. To set up a process for continuous evaluation of the child in all significant areas of growth from pre-school through age 18.

Methodology:

- a. The day-care program for approximately 50 children will use a team approach to assess and assist the development of the child in all aspects of early childhood through the services of:
 - Massachusetts General Hospital for physical and mental health
 - Kennedy Center for social work and family counseling
 - Boston College for personnel trained in Montessori
 - Boston Catholic Educational Television for in-service and parent education;

- b. The children will be identified by a screening team of a psychologist, teacher, social worker, pediatrician, and nurse who will act on referrals from the Welfare Department, Church, schools, Kennedy Center as well as from parents who express an interest in having their child enrolled;
- c. The program will be based on the research findings of Deutsch, Ausubel, Montessori, Sears, Bloom, et.al. who have outlined the methodological characteristics and materials essential to the effective operation of day-care programs.

(1) Characteristics:

- semi-structured program
- five hour session with meal and rest period
- blocked time for varied activities
- indoor-outdoor free play and guided group activities
- stress on motor, dramatic, constructive, artistic, and creative activities
- program emphasis on language development
- extensive parent participation
- ongoing assessment of child's development.

(2) Materials and Equipment:

- Montessori, teacher made and commercially prepared materials which provide interest and motivation in the development of the child's capabilities through a sensorial approach
- experimental use of empirically sound programs of a semi-structured nature such as TV, talking

books, and readiness programs with emphasis on language development, concept formation, and general cognitive growth

--- indoor and outdoor play equipment for muscle development and motor coordination.

Staff:

The staff of the Day-Care Center will be located either on site or at the Community Medical Station.

Central:

- 1 Director
- 1 Assistant Director
- 1 Stenographer (part time)
- 1 Clerk Typist (part time)
- 4 Teachers
- 4 Teachers' Aides
- 1 Speech Teacher-Therapist (part time)
- 1 Dietician Nutritionist (part time)
- 1 Dietician Aide
- 1 Custodian (part time)
- 1 Housekeeper (full time)

Medical:

- 1 Pediatrician (part time)
- 1 Nurse (part time)
- 1 Nurse Aide (full time)

Case Study Team:

1 Psychiatrist (part time)

1 Clinical Psychologist (part time)

1 Social Worker

2 Neighborhood Aides

1 Opthamologist (part time)

1 Audiologist (part time)

3. SLOW LEARNER

Objectives:

Based on information received from the teachers, the students in grade K - 4 in the 80 - 90 I.Q. range appear to be most in need of identification, tutorial and remedial work. These children not only are ineligible for admission to classes for the retarded, but also find it most difficult to keep up with the academic requirements expected of other students in the normal classroom.

General:

- a. To identify the children in ^K1 through Grade 4 by a standardized group intelligence test who fall below I.Q. of 90;
- b. To provide a physical, psychological and psychiatric examination for those youngsters who fall below 90;
- c. To equip a mobile unit fitted to care for the language development of the slow learner.

Specific:

- a. To administer an individual I.Q. test (WISC will be used for children from age 5 on and the Stanford-Binet will be used for children younger than 5) to those who scored 90 or lower on the group test;
- b. To conduct an extensive physical and psychological examination on all youngsters K - 4 who fall in the 80 -

90 I.Q. range at the community medical station, in Charlestown staffed by doctors from Mass General Hospital, local physician and local nursing associations;

- c. To purchase from the P. M. & E. Engineers Co. of East Providence, Rhode Island, a fully equipped mobile van including a variety of specially designed materials to help the slow learner.

Methodology:

- a. The population of slow learners will be identified by data on the cumulative records, group testing, teacher observation and evaluation, home data, child's attitude toward learning, attendance in school and estimates of his desire to learn.
- b. The mobile unit will act as a diagnostic facility first with trained personnel to assume the responsibilities for diagnosing severe language and reading problems, then remediation programs will be conducted.

The specially trained teacher in the mobile van will have at her disposal a complete library of high-interest, low-vocabulary readers, a full collection of reading games, individualized listening tapes for building phonics and comprehension skills, filmstrips for phonics and literature instruction, a comprehensive set of testing materials, tape recorders, film and filmstrip projectors, overhead projectors, multiple sets of headphones and a wireless electronic

system which make it possible for a teacher to give individualized instruction on a variety of different channels.

- c. The limited amount of space in the mobile van prohibits giving this kind of instruction to all youngsters recognized as slow learners. Since a large number of the children suffer from an impoverished language background, a strong language arts program will be developed. An ungraded situation will be the pattern of teaching along with an emphasis on each individual's achievement.

The modified Montessori curriculum used concomitantly with good primary grade techniques in language readiness and development will form the basis of the teaching method. Sense experiences leading to conceptualization will be taught to the children through the use of specially designed manipulative materials, no grades, competitive devices, nor failure will for the evaluative criteria for the child. His own successful achievement will be the focus.

- d. The heated and air conditioned van will house a group of 15 children at a time. The teacher (along with a teacher's aide) can accomodate 5 groups for a period of 45 minutes daily.

Staff:

mobile van remedial teacher

mobile van teacher's aide

bus driver?

4. GIFTED

Objectives:

Research on the disadvantaged child has expanded tremendously but little of it deals directly with gifted children. The potential "talent loss" from this research oversight demands a study of the gifted child in the disadvantaged community and the designing of programs which develop the specific talent of each gifted child.

General:

- a. To identify the children in ^K1 through Grade 4 by a standardized group test of intelligence who fall above an I.Q. of 115.
- b. To equip a mobile unit with staff programs and materials designed to develop the unique talents of the gifted child in the areas of language arts, science, and mathematics.
- c. To set up a referral system using the community resources for those children who demonstrate ability in the arts or sciences beyond the capacity of the mobile unit and its staff.

Specific:

- a. To administer an individual I.Q. test (WISC will be used for children from age 5 and above and the Stanford Binet

will be used with those children under age 5) to those children who scored higher than 115 on the group test;

- b. To purchase from P. M. & E. Electronic Company of East Providence, Rhode Island, a fully equipped mobile van including a variety of specially designed materials to help the child gifted in language arts, mathematics, and science;
- c. To set up a consulting relationship between the staff of the mobile unit and personnel from the Children's Museum, Science Museum, and the Museum of Fine Arts to provide materials.

Methodology:

- a. The population of gifted children will be identified by data in the cumulative records, group testing, teacher observation, home data, child's attitude toward learning, attendance, estimates of his interests, and tests of special ability where applicable.
- b. The mobile unit will be staffed with two specialists; one in language arts and one in science and math. The van will be divided into two sections and will be equipped with individualized reading programs, filmstrips, tape recorders, films, and projectors, opaque projectors and other audio-visual equipment. Essentially this specially designed van will serve as a learning-resource materials

center utilizing the programs and resources of the Boston Public Library, the State Department of Libraries, Children's Museum, Science Museum, the Museum of Fine Arts, and other community resources.

- c. The pattern of teaching would be highly individualized based upon a non-graded primary organization. The teachers in the mobile unit would work closely with the classroom teachers to assist in the development of follow up activities which could be carried on in the regular classroom. This might be accomplished through in-service training courses on the use of the equipment and prepared materials in the mobile unit.
- d. The heated and air conditioned van will house groups of 15 children at a time. Thus the two teachers could operate programs for 5 groups of children for a period of 45 minutes per day. Since there will be approximately 150 children involved in this program, each child would spend 45 minutes on his individual project in the van on alternate days of the week.
- e. Although no formal grade or mark will be required, each van teacher will keep a standardized record of the activities and programs in which each child was involved. This record will serve as an ongoing communication with the classroom teacher as well as a documentation of the type of programs, equipment, and school-plant facilities which

are essential to the development of programs for the academically talented child in language arts, science, mathematics.

Staff:

- 1 Language arts specialist
- 1 Math-science specialist
- 1 Driver-aide

5. LANGUAGE ARTS INSTITUTE FOR TEACHERS

Objectives

Conspicuous deficits in language and speech constitute one of the major handicaps penalizing the socially disadvantaged child in school tasks. Because of the adverse environmental circumstances, these children are unable to conceptualize clearly or to verbalize adequately. Coming into a formal school environment, the child is confronted with a series of learning tasks far from his ability level and experience. It is imperative that the school become more cognizant of the kinds of verbal deficiencies characteristic of the socially disadvantaged child and to develop programs which will improve the child's level of performance in all areas of language. Therefore, a summer language arts institute will be planned for all teachers in kindergarten through grade four to assist the teachers in planning language programs for disadvantaged children in the elementary grades.

General:

- a. To provide an observation-workshop institute in language arts for all the teachers of Charlestown, teaching in kindergarten through grade four;
- b. To select a corps of personnel with training and experience in teaching language arts who will organize and operate the institute;

- c. To develop teacher-made language art packages of learning similar to the match-boxes developed by the Children's Museum;
- d. To examine current trends in language arts teaching, e.g., programmed teaching, individualized reading, linguistics, and creativity.

Specific:

- a. To examine the course of study or curriculum guides for the schools in Charlestown in an attempt to modify and draw up a curriculum consonant with the language needs of the disadvantaged child;
- b. To select a population kindergarten, second, and fourth grade children to attend a model summer school program in language arts;
- c. To combine theoretical information on language development and language arts programs with the practical observation of a model school and workshops to develop materials for classroom use;
- d. To acquaint teachers with the community resources which can be used in the development of a language arts program, e.g., State Department Audio-Visual Center, Boston Public Library, Children's Museum, Science Museum, and the Museum of Fine Arts.

Methodology:

- a. All teachers in the schools, teaching in kindergarten through grade four will be invited to attend a five-week summer institute which will include a \$75 per week stipend and course credit;
- b. Groups of children from kindergarten, grades two and four will be selected to attend a language arts summer program. There will be eight children at each level--four gifted and four slow learners;
- c. The institute staff will be an expert in the psychology of language development, a director, three curriculum assistants, a speech teacher-therapist, a remedial reading teacher, an audio-visual specialist, and three experienced teacher-team leaders;
- d. The daily schedule will be:
 - 8:30 - 9:25 theoretical presentation given by director and language development specialists;
 - 9:30 -10:45 teachers observe one of three groups of children as they are taught by the three curriculum assistants;
 - 10:45 -11:00 break
 - 11:00 -12:00 discussion of observation period conducted by three curriculum assistants and pre-planning for next day's observation period (each day the teachers will be given a copy of the next day's

lesson which will be broken down to show the theoretical basis for the lesson, the activities and the evaluation to determine what was learned);

1:15 - 2:30 theoretical presentation on new techniques and materials in language arts programs conducted by director and audio-visual specialist;

2:30 - 2:45 break;

2:45 - 4:15 materials laboratory in which teachers develop materials, units or methods of using existing programs for fall program--session conducted by three curriculum specialists and three team leaders and audio-visual specialist.

Staff:

- 1 Institute director
- 1 Stenographer--typist
- 1 Clerk-typist
- 1 Psychologist (speciality in language development)
- 1 Speech Teacher-therapist
- 1 Remedial reading teacher
- 3 Curriculum assistants
- 3 Team leaders
- 1 Audio-visual specialist

6. HEADSTART ¹

Objectives:

In February, 1967, a full-year Headstart Program will be opened in Charlestown operated by the John F. Kennedy Family Service Center under contract with ABCD in cooperation with the public and parochial schools. Eligibility for this Headstart Program will be based upon national guidelines as well as several criteria consistent with the philosophy and intent of the Economic Opportunity Act in order to insure that preference is granted on the basis of need.

- a. Improving the child's health
- b. Helping the child's emotional and social development by encouraging self-confidence, self-expression, self-discipline, and curiosity;
- c. Improving and expanding the child's mental processes, aiming at expanding the ability to think, reason, and speak clearly,
- d. Helping children to get wider and more varied experiences which will broaden their horizons, increase their ease of conversation, and improve their understanding of the world in which they live;
- e. Giving the child frequent chances to succeed. Erasing patterns of frustration and failure and especially the fear of failure;
- f. Developing the climate of confidence for the child which will make him want to learn;
- g. Increasing the child's ability to get along with others in his family and, at the same time, helping the family to understand him and his problems--thus strengthening family ties;

¹OPERATION HEADSTART: Charlestown, Massachusetts, John F. Kennedy Family Service Center, Inc., 27 Winthrop Street, Boston, Massachusetts.

- h. Developing in the child and his family a responsible attitude toward society and fostering feelings of belonging to a community;
- i. Offering a chance for the child to meet and see teachers, policemen, health and welfare officers--all figures of authority--in situations which will bring respect and not fear;
- j. Helping both the child and his family to a greater confidence, self-respect, and dignity.

M. Methodology:

a. The Educational Services:

The educational program will be designed specifically for children from a disadvantaged environment. The curriculum will be oriented to the special needs of individual children with emphasis on experiences of active involvement in real life situations which develop sensory perception, and which serve to build a positive self-image. The goals of the program will be reached through day-to-day vehicles of play, handling of creative materials, task-oriented and structured classroom activities, trips throughout the community, spontaneous musical activities, and special efforts to foster language development. Parents shared in these activities and others related to the program, for their own and their children's benefit.

The staff of people who worked directly with each class will consist of one professional teacher and one non-professional teacher's aide (on a full-time paid basis). Classroom teachers and other classroom personnel will be assisted in the classroom by a curriculum resource consultant with special talent in working with

young children and will assist in art, music, dance, literature, etc. Such assistance will be part of the in-service training program for professional and non-professional classroom personnel.

All of the behavior and achievement inventories and testing programs as well as all other record information required by the Office of Economic Opportunity will be observed and completed.

The Social Services:

The year round Headstart Program will provide opportunities to lay the substantial groundwork of a social service program for children and parents. Beginning with existing information on individuals and families and supplemented by the health services component of the program, Headstart will continue to pinpoint the actual needs of children and their families. The social service program will include identification of needs, evaluation for appropriate treatment programs, referrals to and coordination of the community's available social service resources. This program will supplement these services when they do not meet the needs of a child or his family and will include home services for the family in the process of helping them to improve their living situation.

The primary social service contribution to Headstart is the provision of non-professionals to work with families individually and in groups. The use of non-professionals in this way is a new and significant development which provides a real challenge to the social work profession in general and to social welfare practices in particular.

For each class of 15 children, one non-professional Neighborhood Aide will be employed to organize the parents into groups and to work with individual families in need of emotional support and home management assistance. The parent groups are the machinery through which activities geared to enhancing home-school relationships are promoted.

The professional social service supervisor is experienced in social work and trained and experienced in the related fields of education and guidance. Many of the teachers' aids who participated in the summer Headstart program will become permanent workers and new non-professionals will be solicited and trained.

The professional social service supervisor will provide consultative services to teachers and others working with the children, initiate referrals to appropriate agencies or other program components and will be responsible for the supervision and skill development of non-professionals.

c. The Medical Services:

The health services program includes diagnostic, preventative, and follow-up service components. The Charlestown Headstart Program will utilize the pediatric, dental, and mental health services of the Massachusetts General Hospital as well as local public health services already in existence (Boston Public Health Clinic, Visiting Nurse Association).

The content of the health services program will follow Headstart guidelines. Complete pediatric medical examinations will be accompanied by:

- Vision testing
- Speech evaluation
- Tuberculosis, anemia, and kidney disease treatment
- Nutritional assessment and a nutritional program
- Intellectual, social, and emotional growth appraisal
- Delineation of problems in family life and relationships as they affect health needs
- Dental examination and care
- Immunization programs against polio, diphtheria, tetanus, measles, and small pox
- Referral arrangements for therapy and follow-up with individual care as needed and follow-up for drugs, eyeglasses, hearing aids, and orthopedic braces.

The medical personnel made available for these services will include the entire staff of the Massachusetts General Hospital pediatric clinic under the coordination of the clinic's chief resident pediatrician. All other personnel and facilities of the hospital will be available when needed. These included such departments as: Eye and Ear Infirmary, Out-Patient Department, Child Guidance Clinic, Cardio-Vascular Clinic, and surgical facilities.

A Headstart visiting nurse will be assigned to the Charlestown Headstart Program. She will serve to coordinate all components of the medical services program between the hospital, the

Child Development Center, and the community. Her role in the medical services program is similar to that served by the social service supervisor in the social services program.

Personnel:

1. Screening Unit

- 1 Pediatrician
- 1 Trained vision examiner
- 1 Audiometer technician
- 1 Dental health team (dentist and hygienist)
- 1 Public health nurse
- 1 Psychiatrist
- 1 Social Worker

2. Education

- 10 Professional teachers
- 10 Non-professional teachers' aides
- 1 Curriculum resource consultant
- 1 Professional social service supervisor

B. Phase II -- Planning From January 15, 1967 to July 15, 1967

1. Parent Education - An overall parent program will be developed which will include a combination of guest speakers, films and discussion groups in the following areas:
 - a. Child growth and development;
 - b. Physical examination program and school health services;
 - c. Curriculum innovations being conducted in the schools;
 - d. Urban renewal program with special emphasis on the school building program.

Specific programs will be developed for parents of children with unique learning problems, e.g., emotionally disturbed, academically talented, slow learner, etc.

2. In-service Education for Teachers and Auxillary Personnel - Films and guest speakers will be provided in the following areas:
 - a. Innovations in elementary education;
 - b. Methods of teaching modern math and linguistics;
 - c. Uses and availability of community resources for field trips, health services, audio visual materials and cultural programs;
 - d. Studies of the effectiveness of new patterns in elementary school organization with special emphasis on how these could be adapted for use in Charlestown.

3. Library-Material Resources - Learning Centers - As part of the planning for the new library facility in Charlestown, the Title III planning staff will work with the Boston Public Library Staff. Part of this planning will include a unit (to be housed in the new library) which will serve as a community materials and resources center equipped with audio-visual aides, teaching units, and professional materials will be staffed by educators who have specialized in language arts, arithmetic, social studies, science and audio-visual education. This central unit will be coordinated with learning centers for small groups with special needs and interests, to be housed in each school equipped with educational materials from the central library and staffed by personnel who will coordinate the programs of the classroom teacher with the resources available from the central library.
4. Speech program - A speech program will be developed for children in K1 through grade four which will include the following program elements:
 - a. Identification and diagnosis of children with speech problems;
 - b. A remedial program to be conducted by a trained speech teacher;
 - c. A consultation program conducted by the speech teacher for parents and classroom teachers to provide materials or suggestions for follow-up activities.

5. Classroom Programs Using I.T.F.S. - Initial programming will be developed in conjunction with Boston Catholic Educational Television, Inc. to provide programs for all classes K1 through Grade four. The Planning staff is currently examining programs available through the New York State Department of Education, the Nebraska Film Library, and all available local sources. As subject area deficiencies in published materials are uncovered, the Title III planning staff will work closely with the local teacher and all educational and cultural resources in Boston to develop the needed video tapes. The distribution systems already established in phase I of the medical microwave-megacycle TELE-DIAGNOSIS system will be the vehicle of transmission through which these classroom video-tapes will be broadcasted.

IV HEALTH IN THE COMMUNITY - PLAN OF ACTION

A. Comprehensive Medical Program

It is becoming generally accepted that optimal health should be included among the fundamental birth rights of every citizen. It also has become clear that, as things now stand, many individuals including a considerable number of people living adjacent to major medical centers, are failing to receive adequate health care services especially during their formative years and continuing throughout their life.

These deficiencies are indicative of a wide-spread shortage of the manpower and resources needed to apply presently available medical knowledge and procedures to the population at large, especially those falling into low income categories. They also are reflective of the fact that there are major gaps in our capacity to identify, assess and deal effectively with the social, psychological behavioral, physical and biologic causes and consequences of disease. Taken together, these phenomena pose one of the most challenging and significant multifactorial problems of our time, for as Benjamin Disraeli observed more than half a century ago, "The health of the people is really the foundation upon which all their happiness and all their powers as a State depend."

The present program is designed to marshall the skills and resources represented in the Massachusetts General Hospital and the university community of which it is a part, the Boston Department

of Health and Hospitals and the John F. Kennedy Family Service Center, Inc., in a collaborative effort to help solve these problems as they are represented in the community of Charlestown. This proposal is indicative of our belief that it is only by becoming actively engaged in service to a community that the teaching hospitals and medical schools can prepare future generations of physicians and health professionals to deal realistically, imaginatively and competently with the nation's ever changing health problems.

Though this particular proposal is being oriented initially toward children and youth from pre-school through fourth grade, it is planned to develop extended arrangements which enable us to offer, in conjunction with the Obstetrical Service of the Massachusetts General Hospital and in collaboration with the Obstetrical Service of the Boston City Hospital and the Boston Lying-In Division of the Boston Hospital for Women, closely coordinated health care services for pregnant mothers, infants and children through 18 years of age. Likewise, it is planned to develop, in conjunction with the Adult Medical Service of the Massachusetts General Hospital, other extended arrangements which will enable us to offer unified family health services to adult members of the families of all child patients of the children and youth program. Thus, it is intended that this program become part of a unified continuum of comprehensive, coordinated health care services for the community of Charlestown.

This program is designed to offer case finding, screening and diagnostic services to all children and youth of Charlestown and to make available therapeutic services to all those who fall into low economic categories. It is intended, however, eventually to develop extended arrangements where income will not constitute a barrier to service. We believe that this is desirable both because comprehensive health care services are in short supply for non-poverty as well as poverty groups and because there is need to learn how to serve the health care needs of communities as a whole.

B. The Community Medical Station

The Community Medical Station at the Kennedy Center will be a direct extension of the Massachusetts General Hospital into Charlestown. The basic orientation of the medical services will be preventive and thus complement the traditional function of the urban teaching hospital.

The medical station will serve as a (1) comprehensive service for the sick, injured and disturbed providing emergency care (2) referral service on a 24-a-day basis (3) case finding, diagnosis and evaluation facility for the educational programs and for first, third, and seventh grade cohorts (4) resource for coordinated health care services for pregnant mothers (5) unified family health services and (6) medical resource for all the local physicians.

The Community Medical Station will provide the instrument

(1) to explore, evaluate, and evolve new ways to deliver comprehensive health care to all segments of the community and
(2) to realign existing health professions and institutions to evolve a new "Community of Solution" for health (3) to develop the full potential of the physician, nurse and other health professionals in increasing their proper utilization.

1. TELE-DIAGNOSIS¹:

TELE-DIAGNOSIS will make available promptly all of the professional resources of the Massachusetts General Hospital to the Community Medical Station. TELE-DIAGNOSIS will depend upon:

1. Closed circuit two-way video transmission from the Community Medical Station to the Massachusetts General Hospital. The return circuit is essential since the very image of the physician is important to the patient;
2. Direct unimpeded two-way audio transmission between the Community Medical Station and the Hospital;
3. Apparatus for electronic impulse for vital signs and clinical data transmission (e.g., E K G tracings, X-ray images, heart sounds, etc.).

As the Techniques of TELE-DIAGNOSIS develop, closed circuit

¹Bird, K. T. TELE-DIAGNOSIS: A NEW COMMUNITY RESOURCE. Unpublished manuscript, Massachusetts General Hospital, Boston, Massachusetts.

two-way video transmission from the Community Medical Station will, of necessity, be in color to more exactly portray the status of the patient and expand its diagnostic uses.

This departure from the traditional approach to the delivery of health services will (1) facilitate inter-physician consultation in the presence of the patient himself, (2) make available a reference library for the instruction of all health and related disciplines, and (3) increase the likelihood of delivering optimum health care as a reasonable community and individual demand.

2. Case Finding Diagnosis and Evaluation

The health screening for education programs will be housed in the Community Medical Station of the Kennedy Center.

The health screening for educational programs is to be viewed as a means of initial entrance for working with the child, his family and his relevant human and institutional environment. This then represents the first significant step toward the development of a model demonstration comprehensive health services program for all the families in Charlestown which will be providing solutions to the national crisis which presently exists in the delivery, utilization, coordination, continuity and quality of medical care for all people of all ages.

The health evaluation procedure for the educational programs will consist of:

A. Background Information:

1. Permission form requesting parental accompaniment and providing transportation services where required;
2. Child's medical history - self administered by parents;
3. Family background history through interview with parents;
4. Where appropriate data from the school health record will be made available and incorporated;

B. Physical Evaluation:

1. Routine physical examination including a neurological examination and head circumference;
2. Vision testing by an opthamologist - M.E.E.I.;
3. Audiometric examination by an audiometrist using Maico-audiometer - M.E.E.I.;
4. Dental examination for caries, orthodontia, etc.;
5. Immunizations and vaccinations;
6. Tests for Tuberculosis (Tine), Anemia, and Kidney disease;
7. Hemoglobin or Hemocrit Blood Levels and routine urinalysis including microscopic examinations;

C. Cognitive Evaluation:

1. Standardized individual intelligence test
(W.I.S.C.);

D. Psychological-Behavioral Evaluation:

1. Personality development
 - a. Projective tests such as the Children's Apperception Test, Draw a Person, etc.;
 - b. Behavioral check list completed in conjunction with a semi-structured play interview to assess social emotional competence;
 - 1) attention span;
 - 2) speech and articulation;
 - 3) visual and perceptual development;
 - 4) relatedness to examiner;
 - 5) acceptance of controls and limits;
 - 6) tensions and anxiety
 - 7) tolerance for ambiguity and frustration;

Medical Station Personnel:

pediatrician
pediatric nurse
dental hygienist
clinical psychologist
psychometrist
ophthamologist
audiometrist
social worker
child attendant
child psychiatrist

C. Technological Systems:

The technological systems that will be developed are (1) Instructional Television Fixed Service, (2) microwave facilities, and (3) information storage and retrieval system.

A. Instructional Television Fixed Service:

The 2,500 megacycle I.T.F.S. system will provide the Charlestown schools and the community a medical station with an open broadcast facility. The elements of the system are:

1. Television origination facility at the Kennedy Center to produce programs at the local level which include standard broadcast camera systems, video color tape, and color film playback facilities;
2. Interconnecting links will be provided between the Kennedy Center, Massachusetts General Hospital, the studios of Boston Catholic Education Television, and the Prudential tower;
3. Master Television Control systems will receive OFF-AIR Television channels 2, 4, 5, 7, 38, and 44 for distribution into the 2,500 megacycle system for rebroadcast.

B. Microwave Facility System:

The 2,000 megacycle broadcast system will provide con-

fidential point-to-point close circuit unit
interconnecting the Kennedy Center medical station and
the Massachusetts General Hospital. The elements are:

1. Remote-controlled television camera systems
between the medical station and the hospital
to provide visual and audio communication and
electronic apparatus to transmit vital signs and
clinical data (e.g., E.K.G. tracings, X-ray
images, etc.)
2. Interconnecting microwave link to provide re-
broadcast over I.T.F.S.

C. Computer Information Storage and Retrieval System:

An information storage and retrieval system will be
developed to provide:

1. baseline data on all health, education, and
social needs and characteristics of the popu-
lation;
2. comprehensive and systematic information for
evaluation of the therapeutic techniques and
outcomes;
3. immediate feedback of all pertinent patient and
family information to the Community Medical
Station; and
4. bases for systems analysis and economic feasi-
bility studies.

the computer information storage and retrieval system will require a uniform records system for all children and their families to be utilized by all community resources including the community medical station, the school systems, family doctor, welfare department, etc. The input of this system will be complemented by the development of a cohort of individuals and families generated through systematic incorporation of children and their families at pre-selected time intervals (i.e., pregnancy, grades 1, 3, and 7). The output of this system will be made available to authorized personnel and institutions through the microwave system and appropriate feed-out mechanisms.

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